On September 13th, Katie Hokanson (Director), Camry Hess (Trauma Registry Data Analyst) Ramzi Nimry (Trauma System PI Manager) attended the Performance Improvement (PI) Subcommittee meeting.

On September 16th, Katie Hokanson (Director), Camry Hess (Trauma Registry Data Analyst) and Ramzi Nimry (Trauma System PI Manager) attended the Indiana Prevention Advisory Council (IPAC) and Indiana Violent Death Reporting System (INVDRS) Advisory Board meeting.

On September 22nd, Katie Hokanson (Director), Camry Hess (Trauma Registry Data Analyst) and Ramzi Nimry (Trauma System PI Manager) attended the IN TQIP Subcommittee meeting.

On September 29th, Ramzi Nimry (Trauma System PI Manager) met with Navion Healthcare Solutions as they will be abstracting Peyton Manning Children's Hospital trauma data for the Indiana trauma registry.

On September 30th, Ramzi Nimry (Trauma System PI Manager) presented on the trauma system in Indiana at Parkview's 6th Annual Pediatric Trauma Symposium.

During the month of September, Camry Hess (Trauma Registry Data Analyst) completed two SAS trainings: *SAS Macro Language 2: Advanced Techniques* and *SAS Programming 3: Advanced Techniques and Efficiencies*.

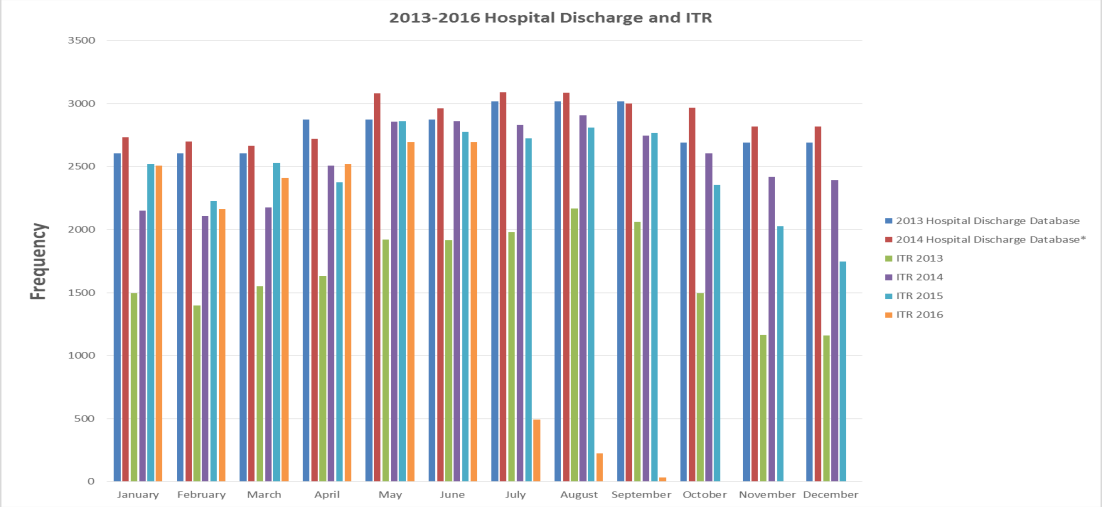
Indiana Trauma Registry

Monthly Report for September 2016

The Indiana Trauma Registry (ITR) monthly report is a dashboard style report for the Indiana Criminal Justice Institute (ICJI) and any other party concerned about trauma in Indiana. This report highlights the four data quality measures for the ICJI grant: completeness, timeliness, uniformity, integration and accessibility. This report uses data within the ITR, with an emphasis on motor vehicle collisions (MVC).

Completeness

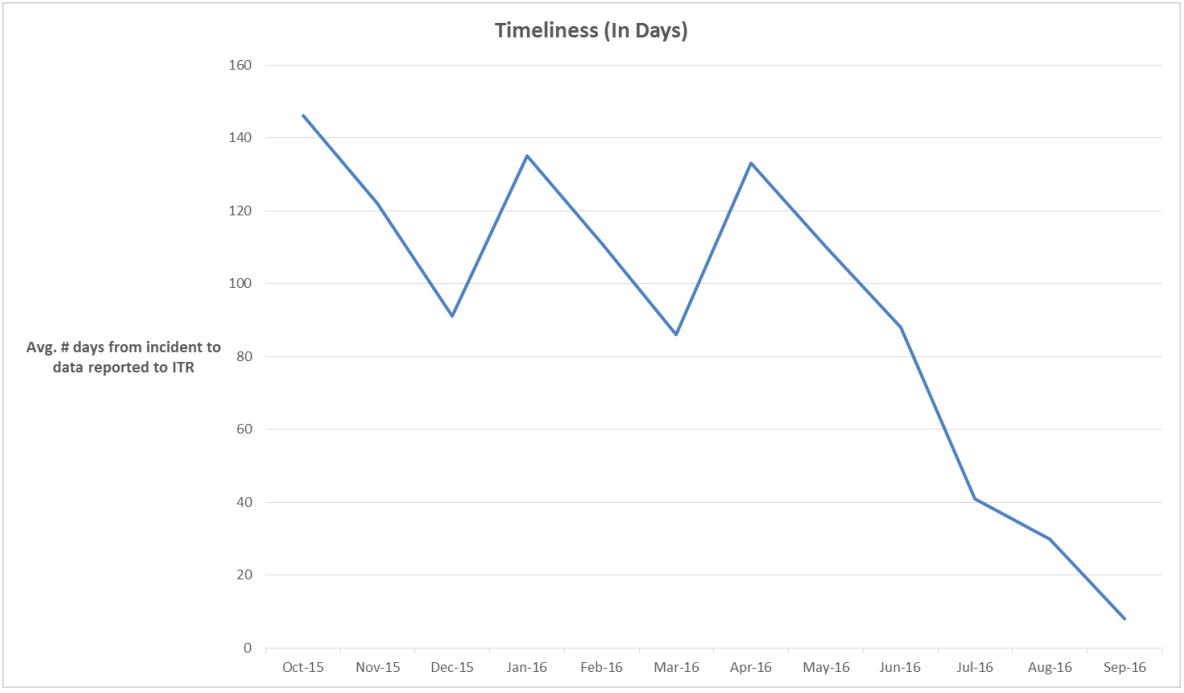
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



Timeliness

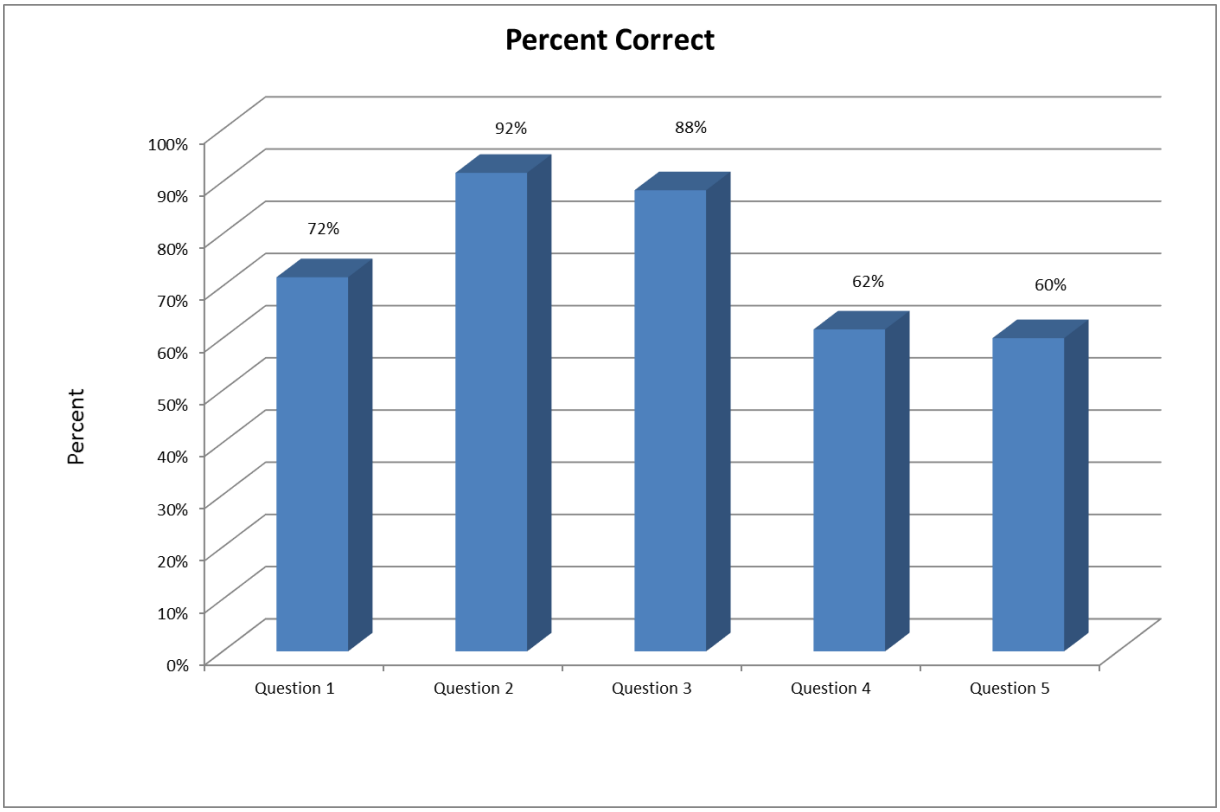
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

The decrease in timeliness from June 2016 until September 2016 is due to only timely reports being provided to the ITR during this time frame, typically from non-trauma hospitals and early reporting trauma centers.



Uniformity

In June we sent out the twenty-ninth monthly quiz for the inter-rater reliability study. Sixty registrars completed the quiz from 47 hospitals. The percent of correct answers was 75% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.36. We plan to collect data for four months and track trends in percent of correct answers by individuals and as a group over time as well as their consistency. Other activities to improve the uniformity of data includes trauma registrar training throughout the state and at the Indiana State Department of Health.



Integration

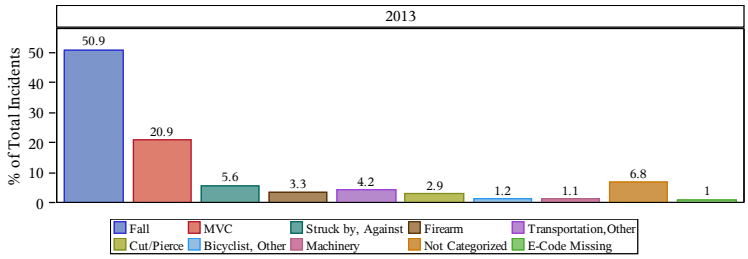
The number of linked EMS to trauma cases was 2,686 for Q1 2016 data. Trauma data is due on a quarterly basis.

Accessibility

The average time to complete data requests was 0.5 days for aggregate requests (2 total) and 1 day for self-report requests (2 total). There were no identifiable requests during September.

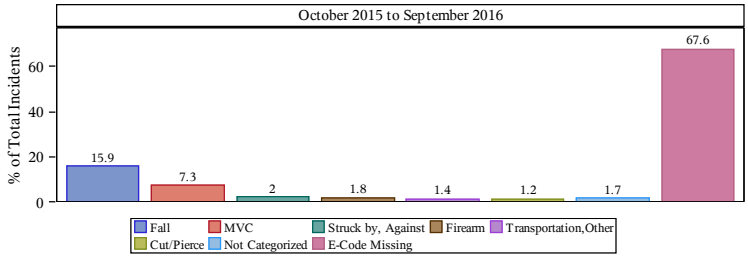
October 2015 to September 2016 25457 Incidents
January 2013 to December 2013 21692 Incidents
Cause of Injury (COI)

Cause of Injury (COI)



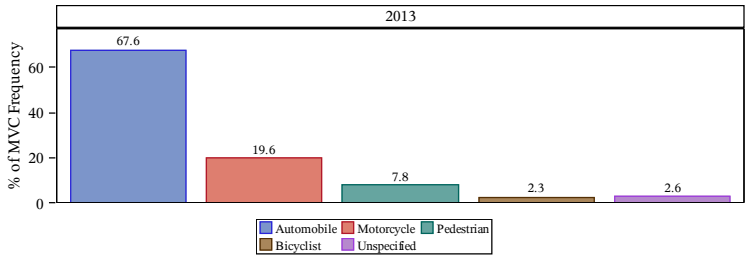
<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings

Cause of Injury (COI)

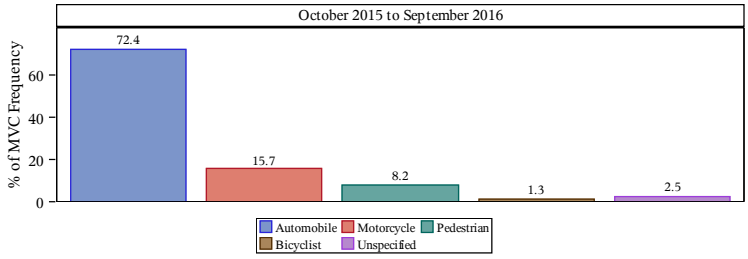


<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings

COI-Motor Vehicle Collision (MVC)

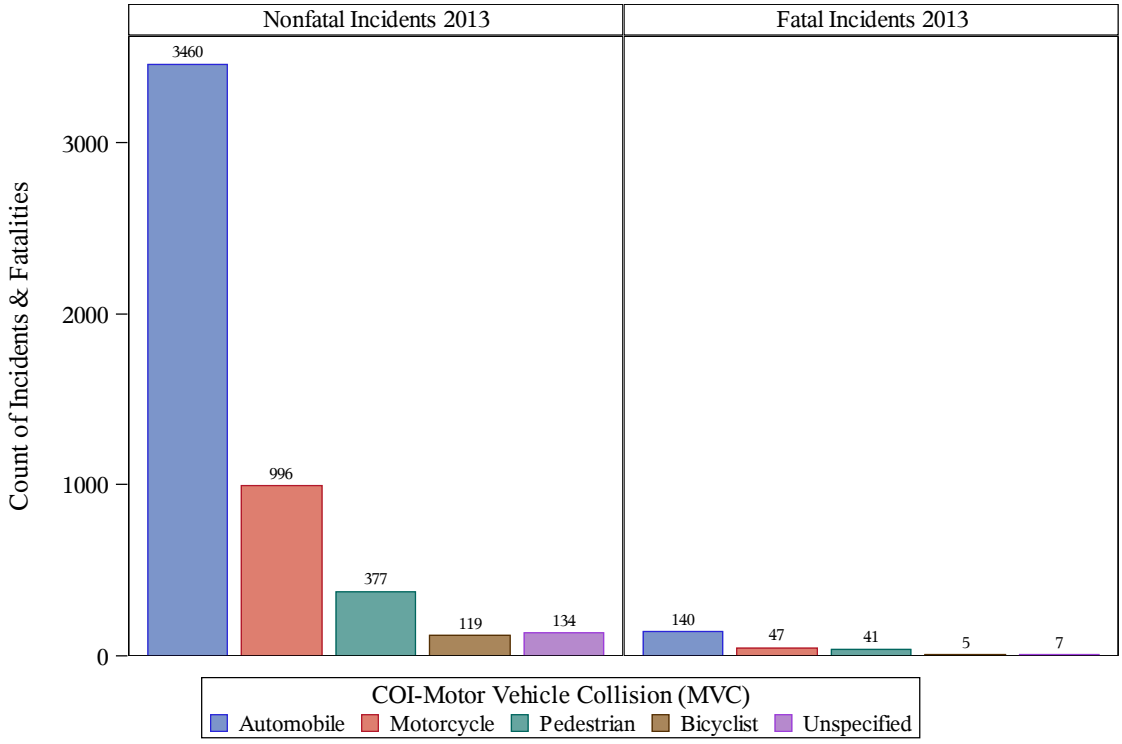


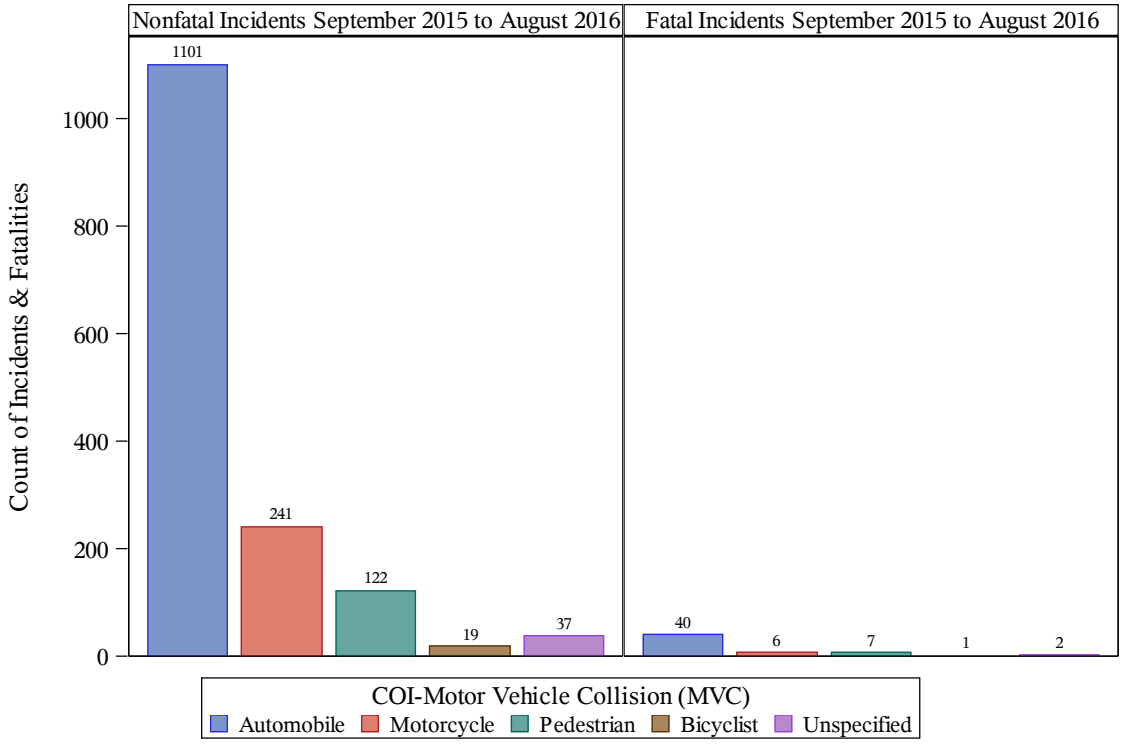
COI-Motor Vehicle Collision (MVC)



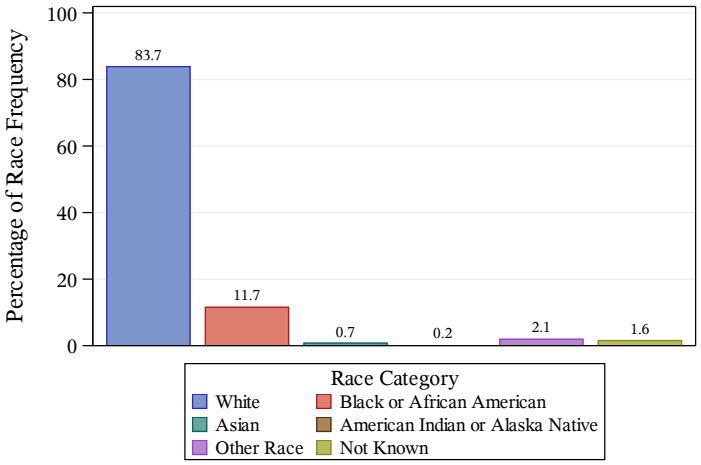
October 2015 to September 2016 1576 Incidents
January 2013 to December 2013 5326 Incidents
Motor Vehicle Collision

COI-MVC Nonfatal Incidents and Fatal Incidents

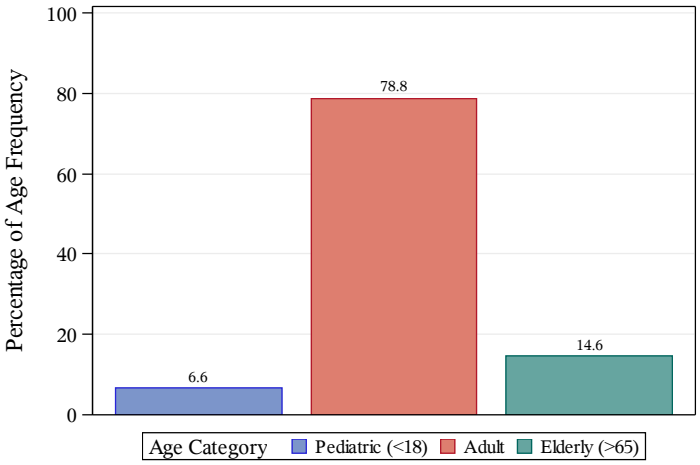




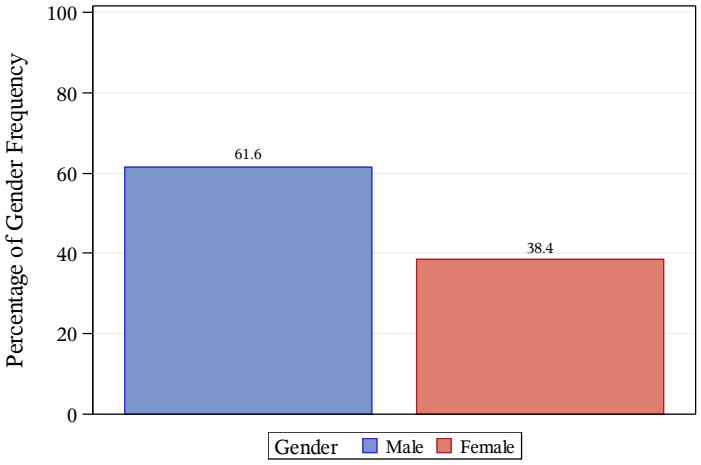
Race



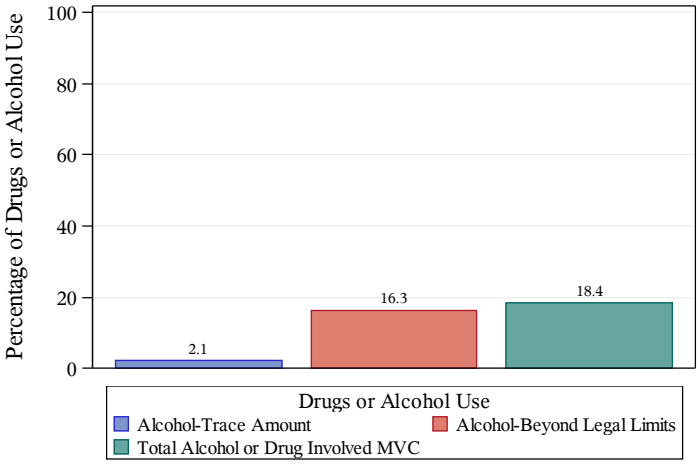
Age



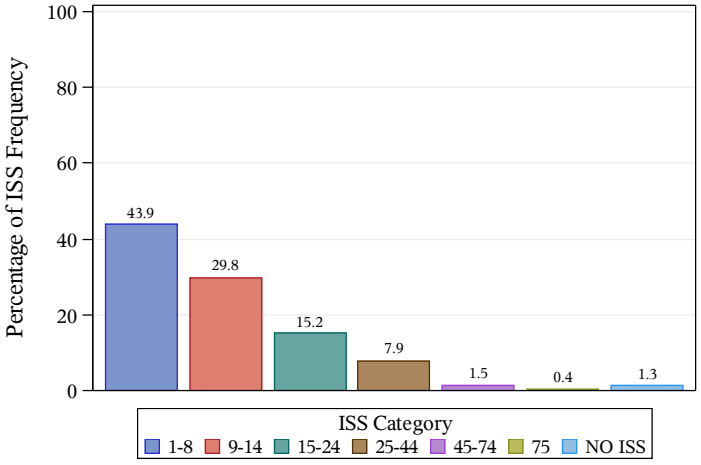
Gender



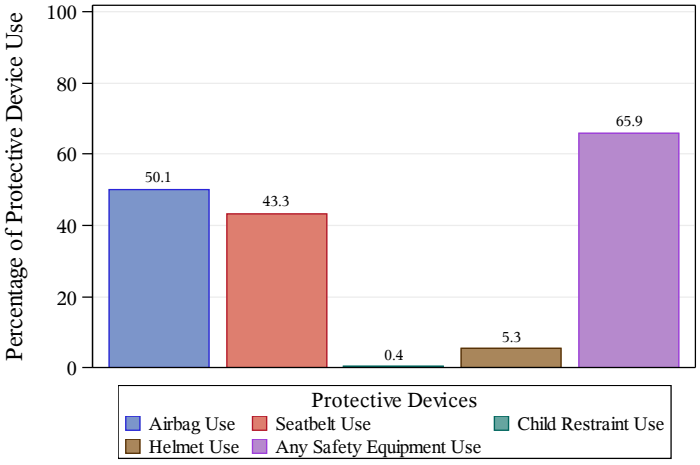
Drug & Alcohol Use



Injury Severity Score

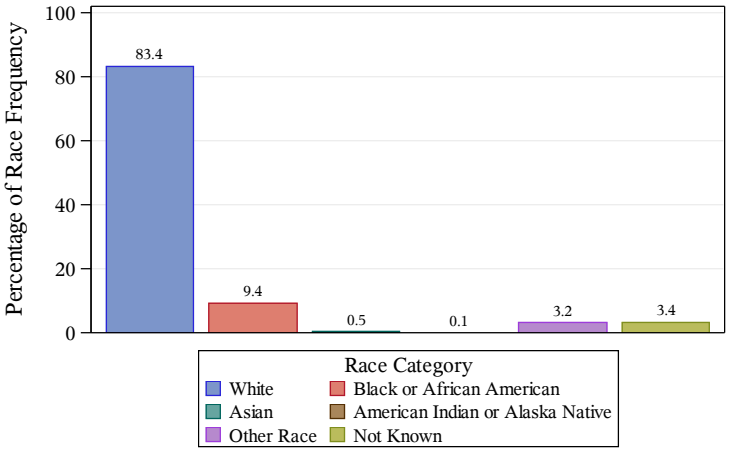


Protective Devices

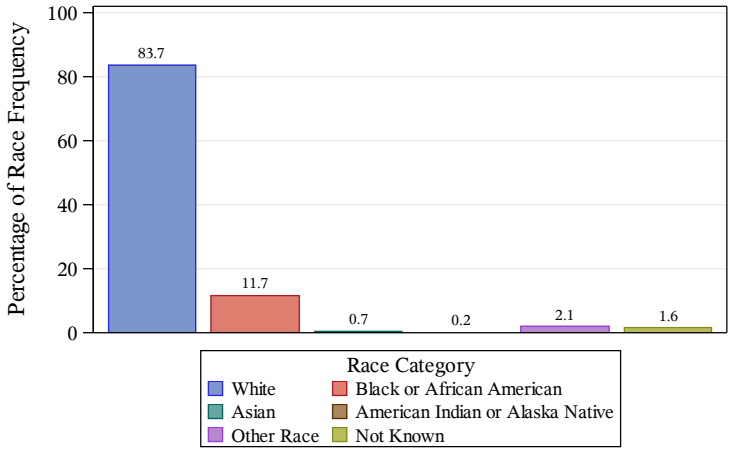


Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

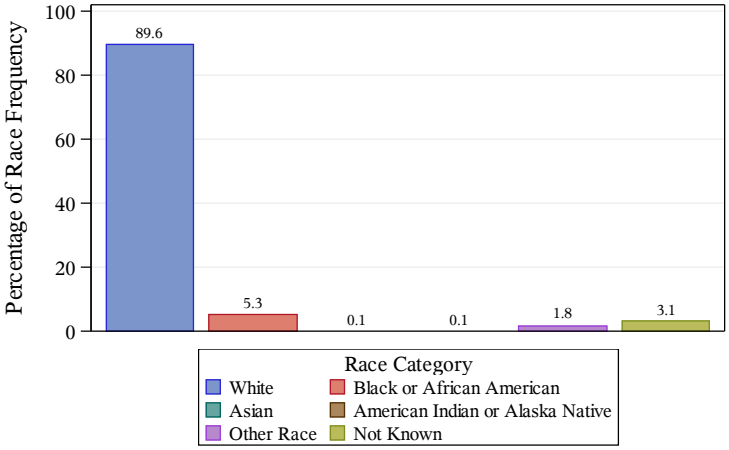
2013



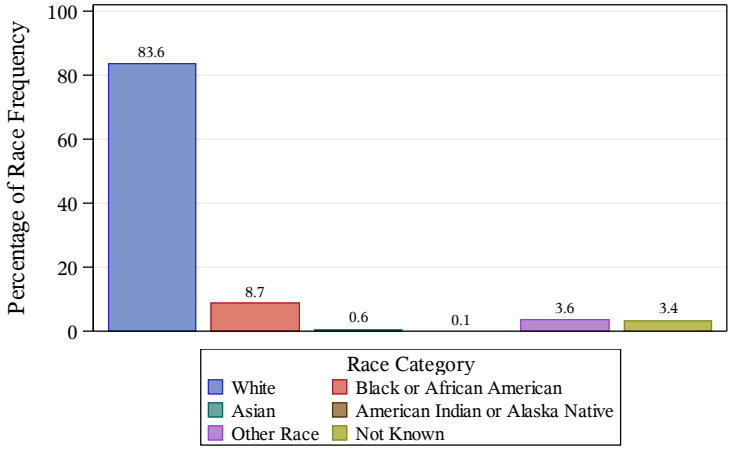
October 2015 to September 2016



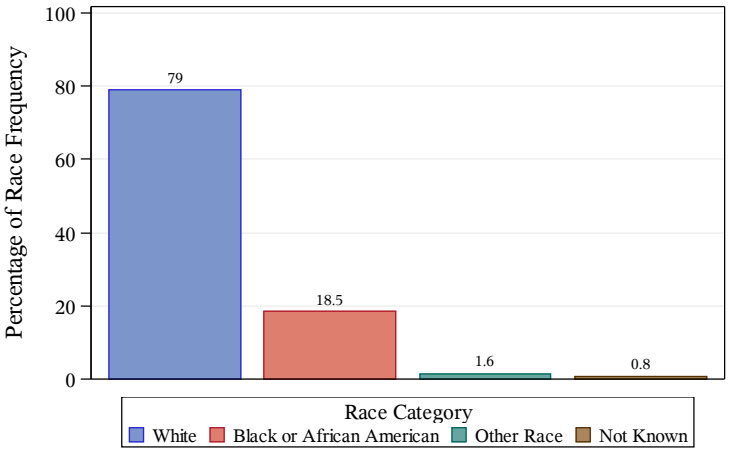
Motorcycle
October 2015 to September 2016



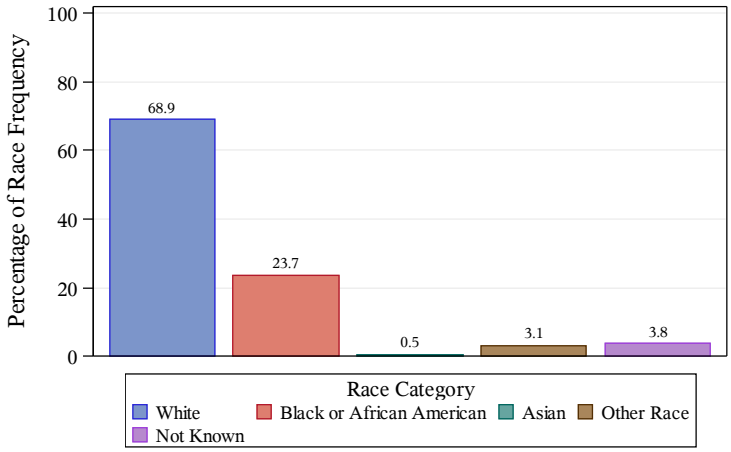
Automobile
October 2015 to September 2016



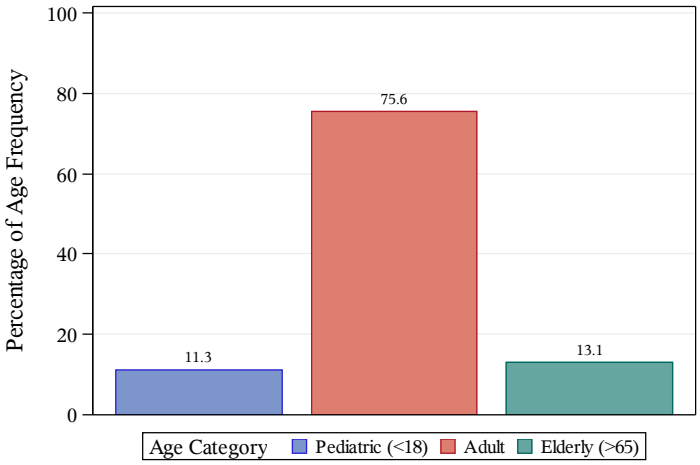
Bicyclist
October 2015 to September 2016



Pedestrian
October 2015 to September 2016



2013



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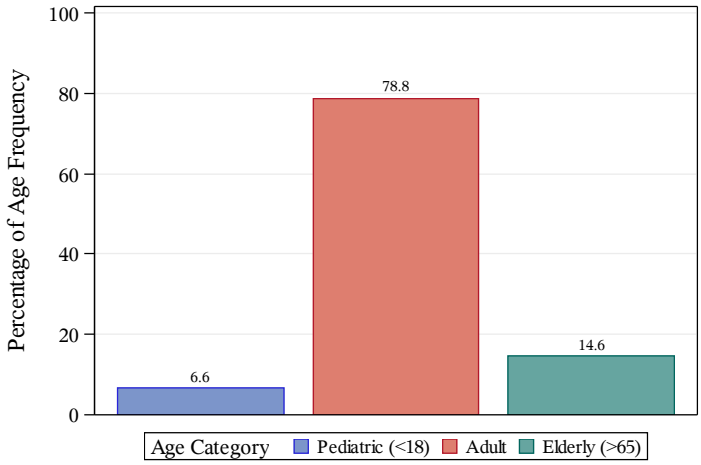
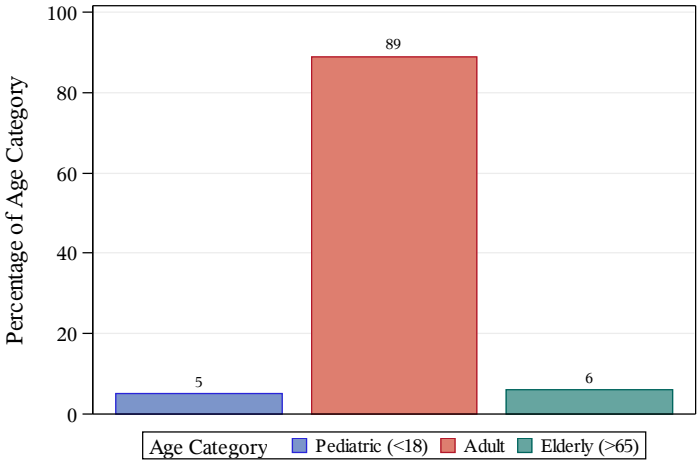
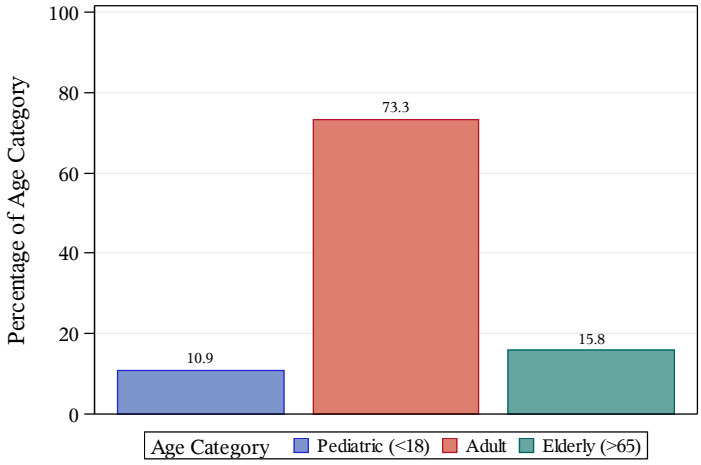


Motorcycle
October 2015 to September 2016



Automobile
October 2015 to September 2016



Bicyclist
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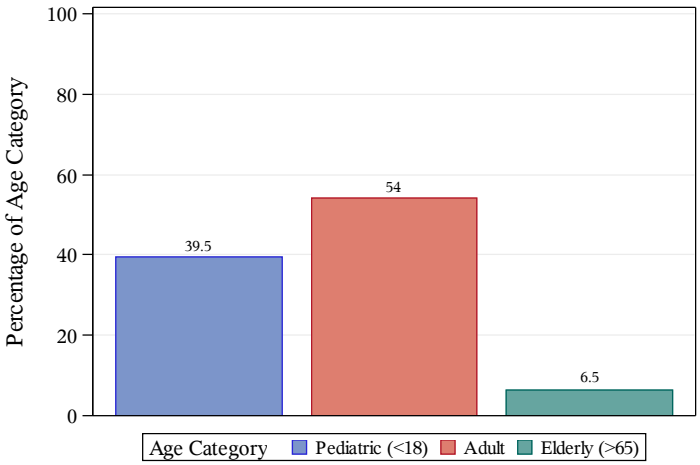

Pedestrian
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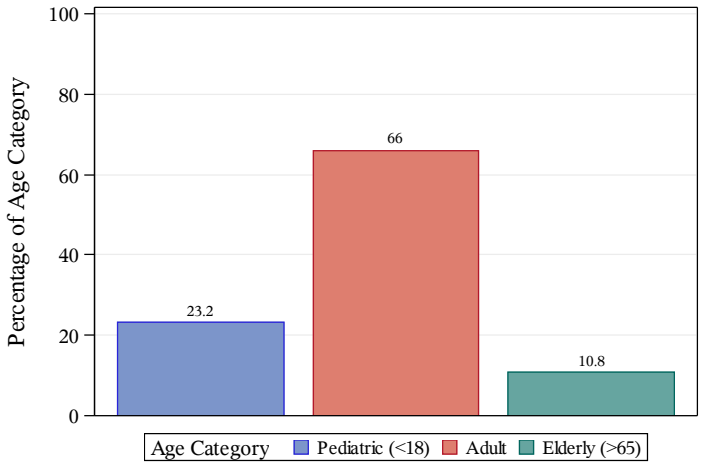

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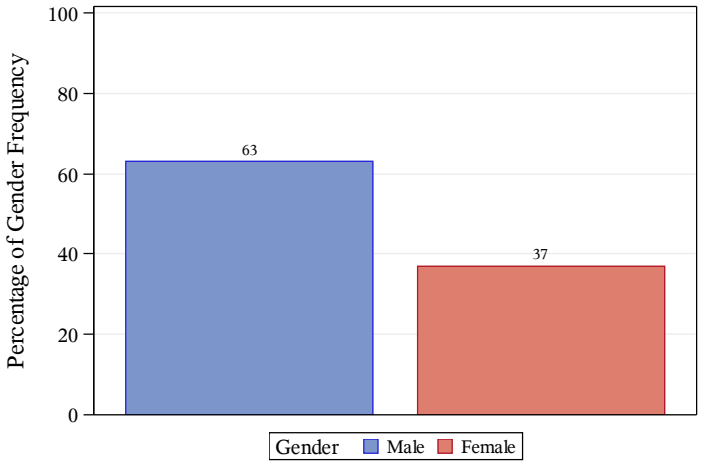

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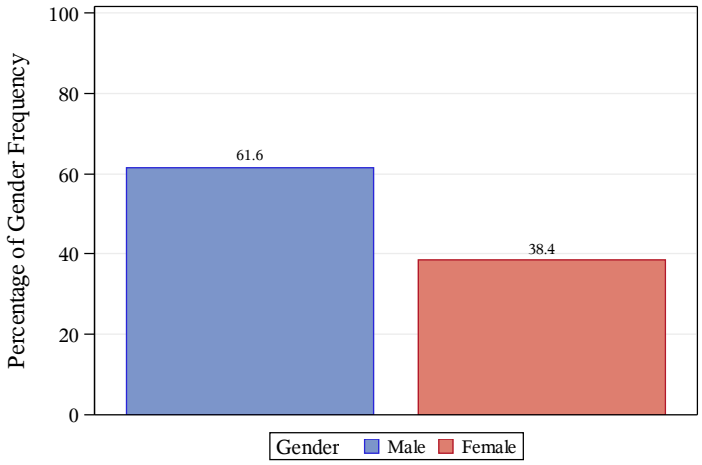
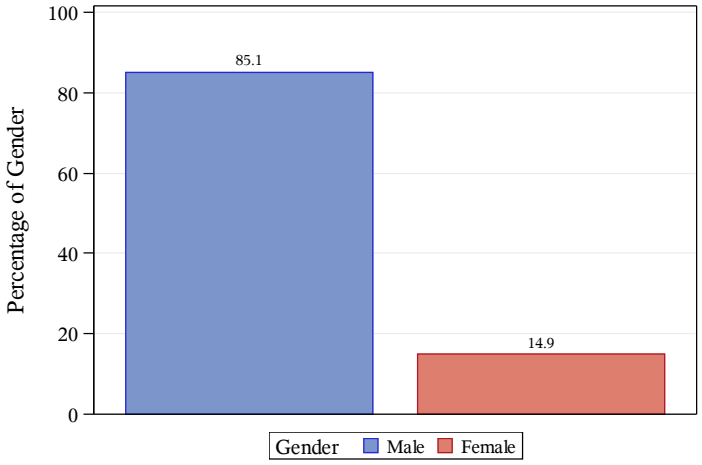
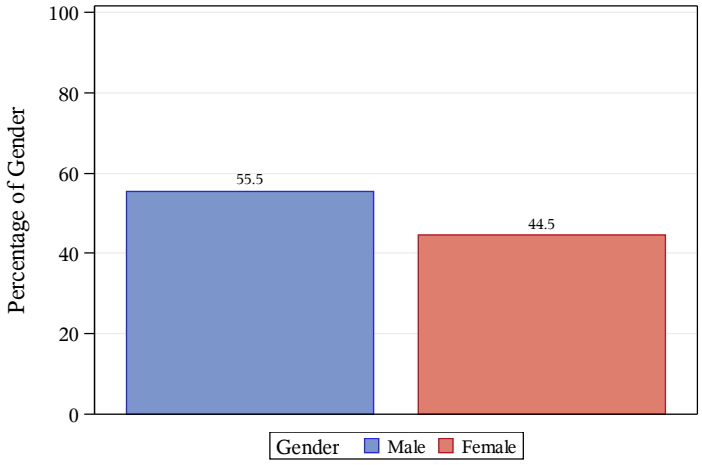


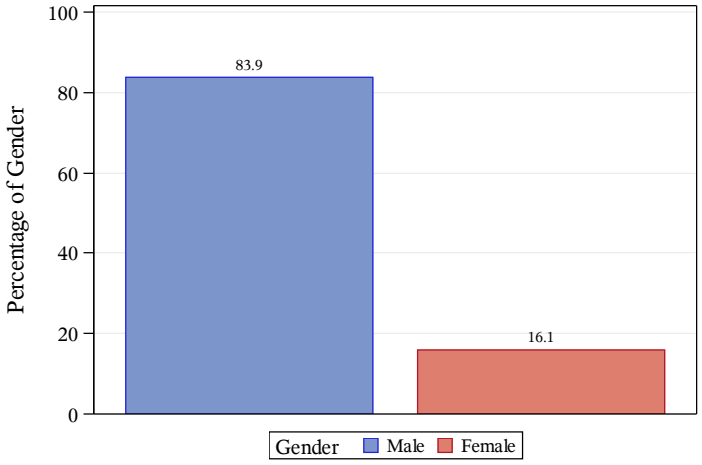
Motorcycle
October 2015 to September 2016



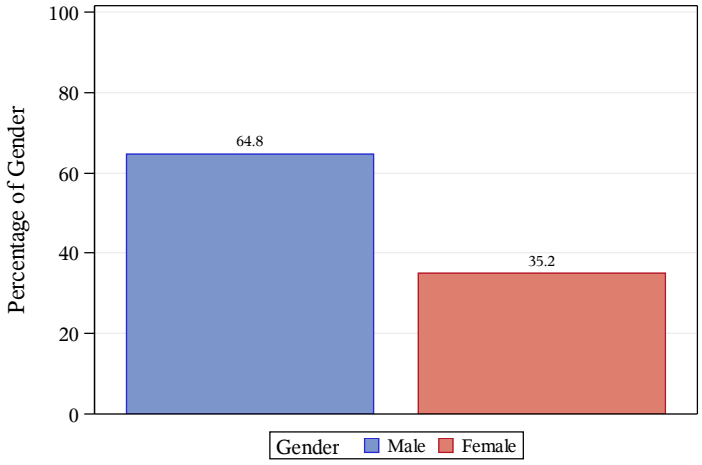
Automobile
October 2015 to September 2016



Bicyclist
October 2015 to September 2016



Pedestrian
October 2015 to September 2016



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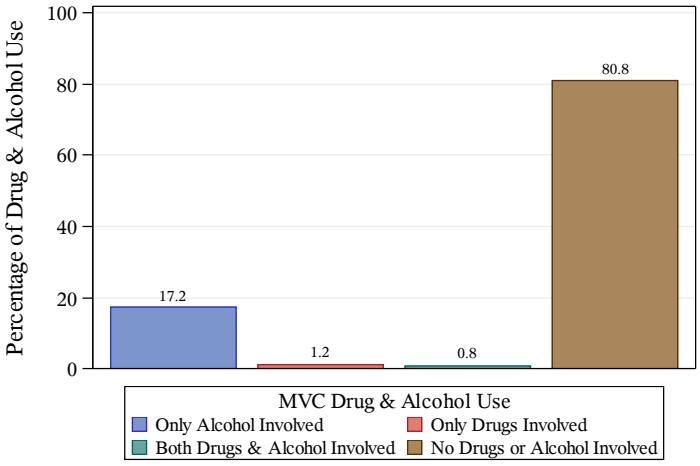

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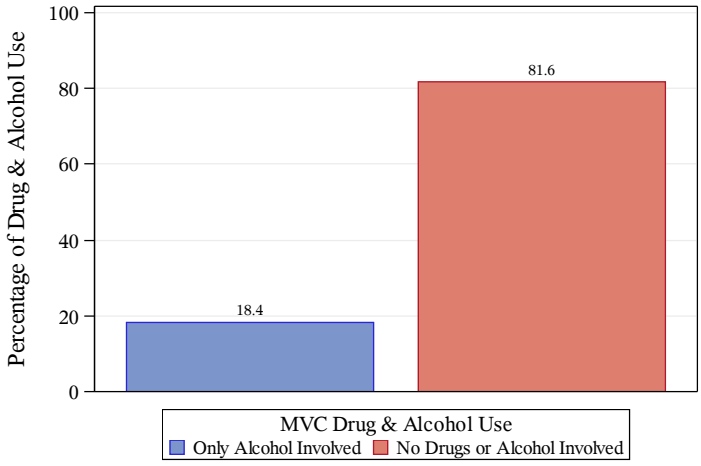
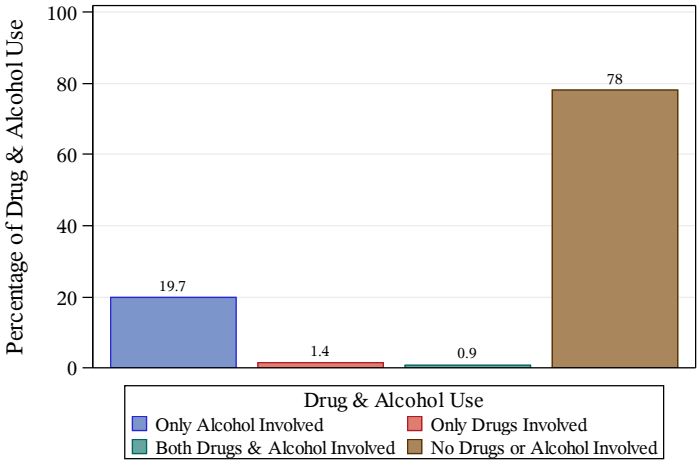
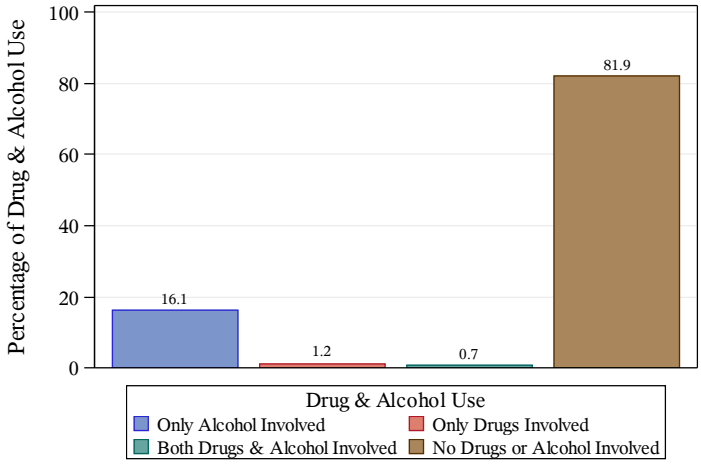


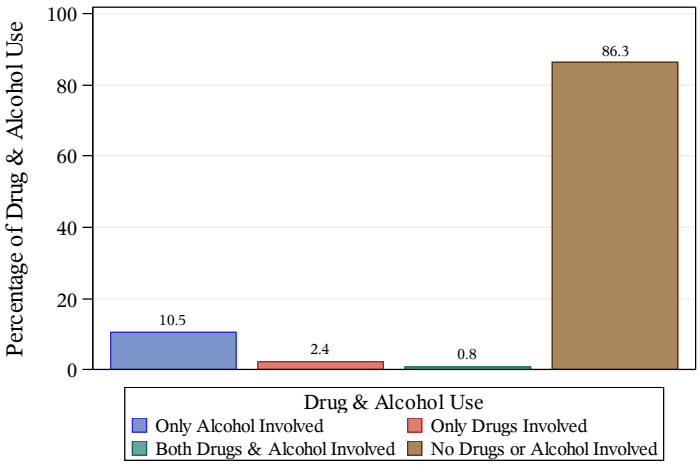
Motorcycle
October 2015 to September 2016



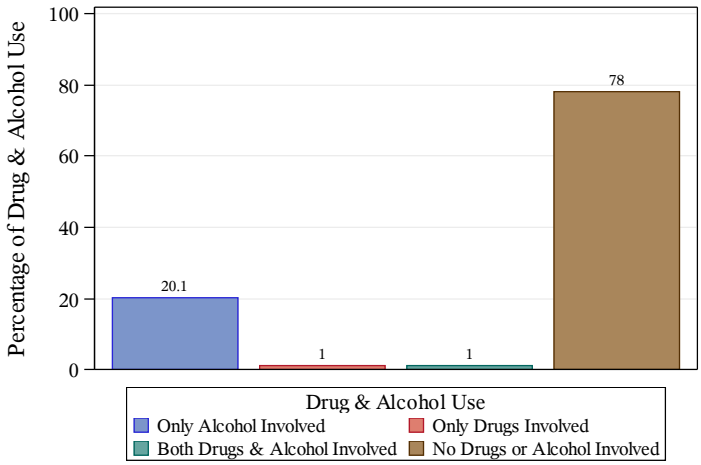
Automobile
October 2015 to September 2016



Bicyclist
October 2015 to September 2016



Pedestrian
October 2015 to September 2016



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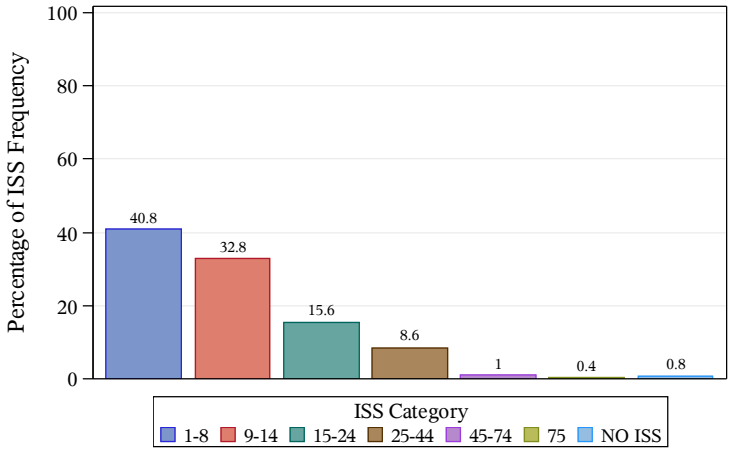
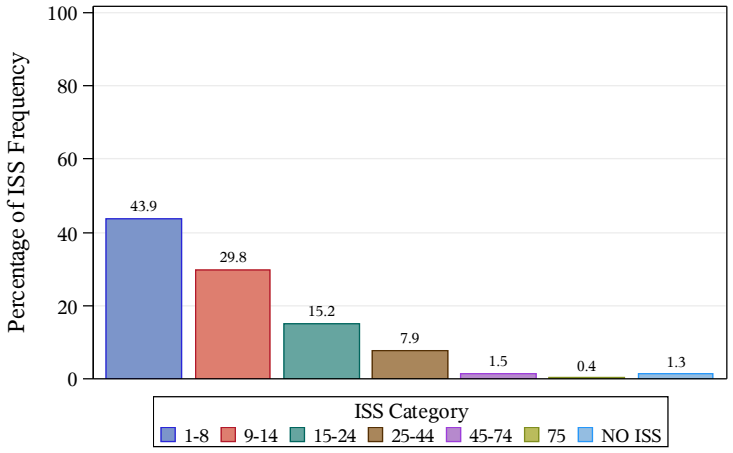
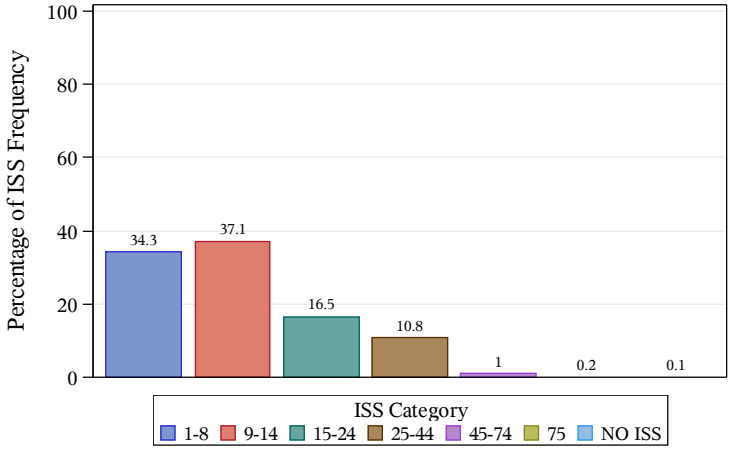


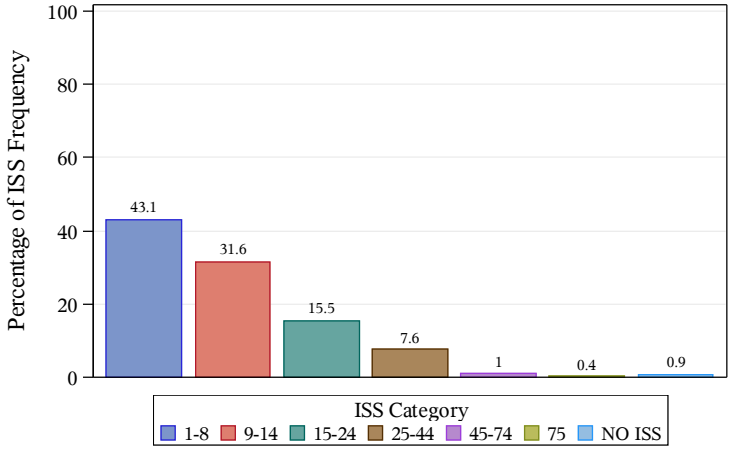
October 2015 to September 2016



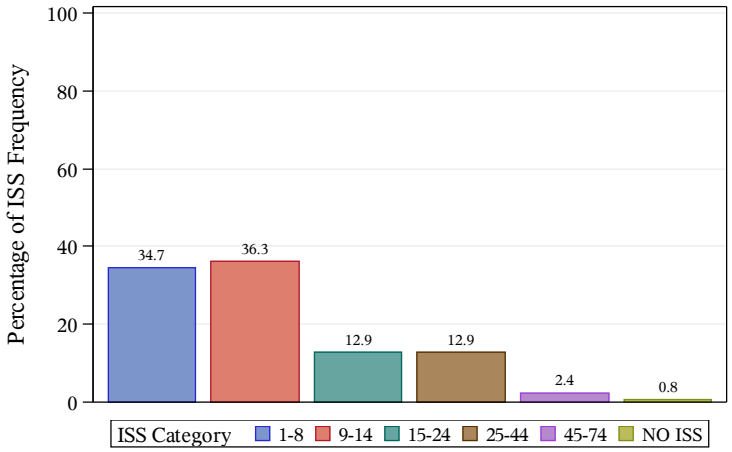
Motorcycle
October 2015 to September 2016



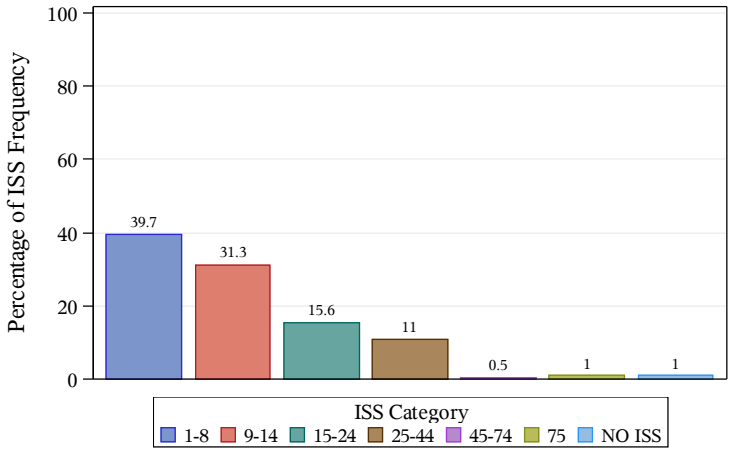
Automobile
October 2015 to September 2016



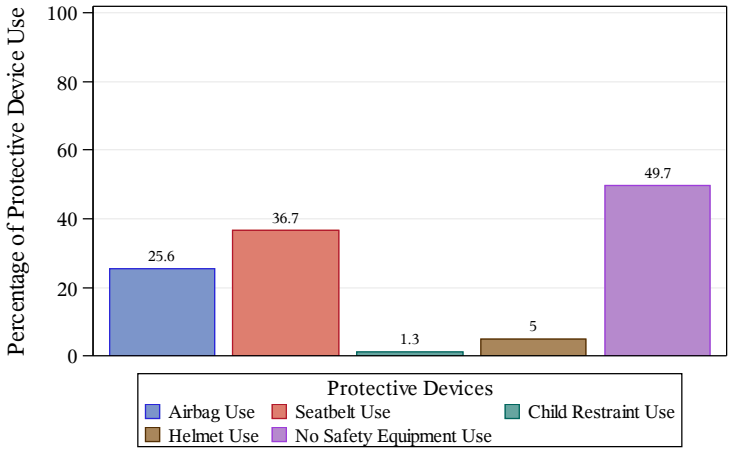
Bicyclist
October 2015 to September 2016



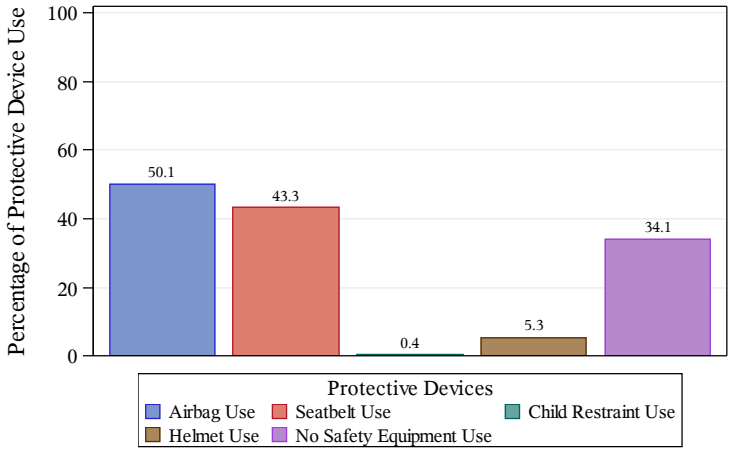
Pedestrian
October 2015 to September 2016



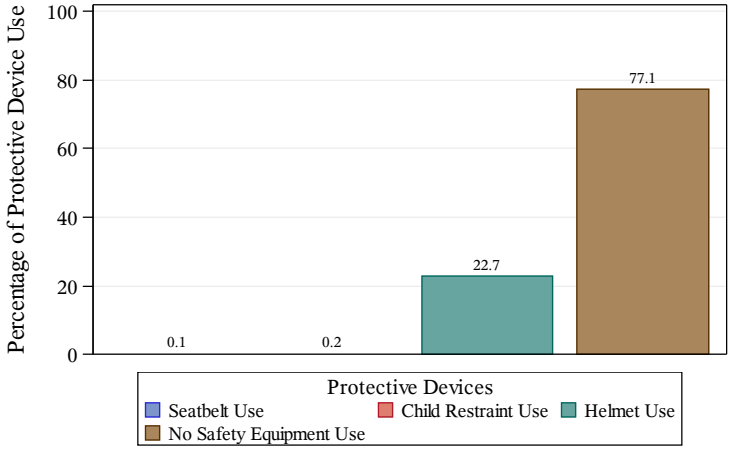
2013



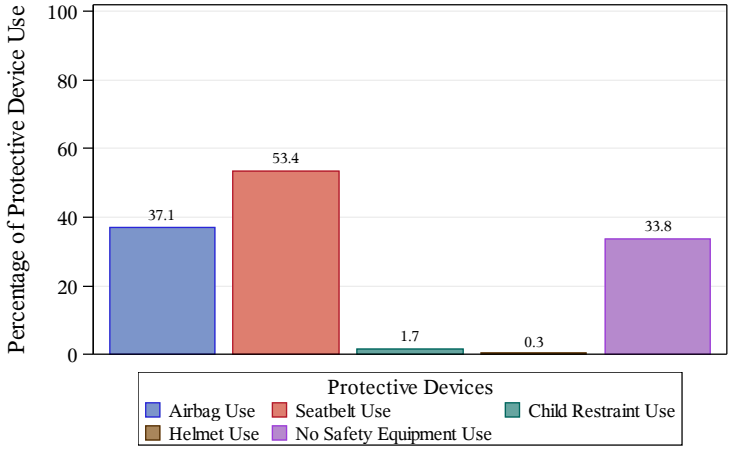
October 2015 to September 2016



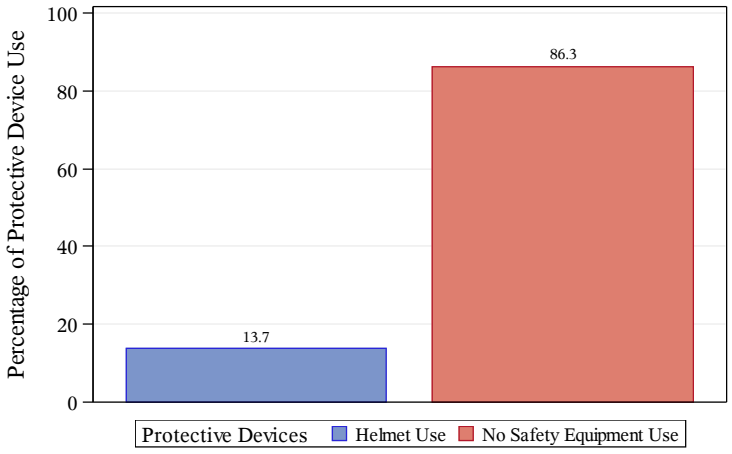
Motorcycle
October 2015 to September 2016



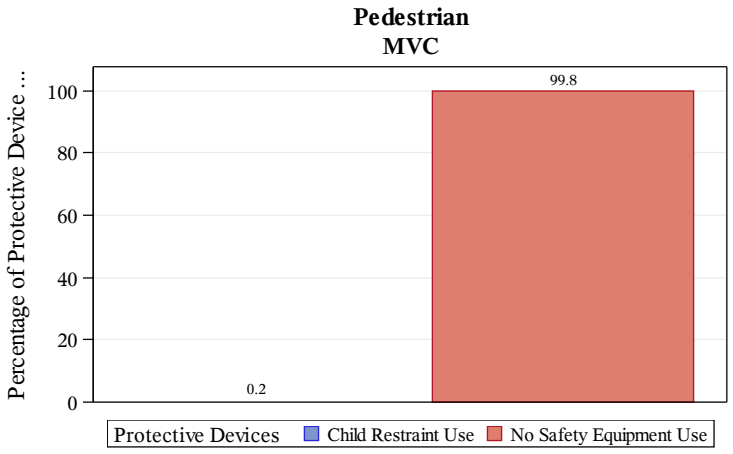
Automobile
October 2015 to September 2016

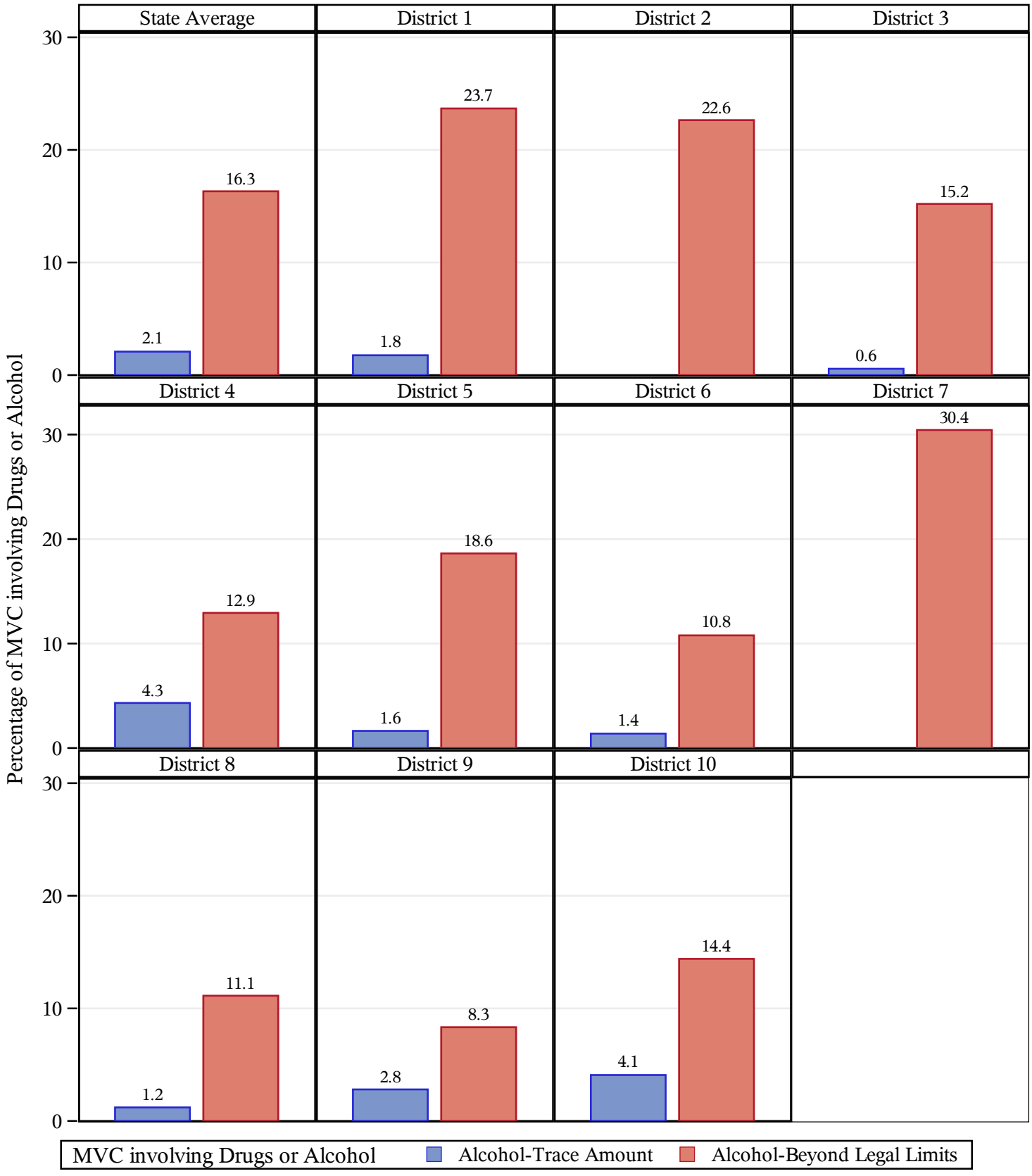


Bicyclist
October 2015 to September 2016



Pedestrian
October 2015 to September 2016




State Average
District 1
District 2
District 3
District 4
District 5
District 6
District 7
District 8
District 9
District 10
Percentage of MVC involving Drugs or Alcohol
0
10
20
30
2.1
16.3
1.8
23.7
22.6
0.6
15.2
4.3
12.9
1.6
18.6
1.4
10.8
30.4
1.2
11.1
2.8
8.3
4.1
14.4
MVC involving Drugs or Alcohol
Alcohol-Trace Amount
Alcohol-Beyond Legal Limits